

## PNRR Biological Sample Form

Please complete this form when sending samples to PNRR. **Please email the form on or prior to the date of shipment.** We need to receive a copy of this form before the sample arrives. Please also include a copy of this form in the specimen shipment. Frozen specimens may be shipped to IU Monday-Wednesday. Samples drawn on Thursday and Friday should be kept in the freezer to ship the next week.

To: Claire Wegel      Phone: 317-278-6158      Email: **PNRR@iupui.edu** or **cwegel@iu.edu**

From: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Site ID: \_\_\_\_\_ Patient #: \_\_\_\_\_ Date drawn: \_\_\_\_\_

PLACE KIT  
LABEL  
HERE

Sex (circle one): M or F      Year of birth: \_\_\_\_\_

Kit number: \_\_\_\_\_

Time of draw: \_\_\_\_\_ (24-Hr clock)

Time subject last ate: \_\_\_\_\_ (24-Hr clock)

### Serum (SST tubes)

### Plasma (EDTA tubes)

Time spin started :		(24-Hr)	Time spin started:		(24-Hr)
Original volume drawn <i>2x5mL SST tubes:</i>		mL	Original volume drawn <i>2x10mL EDTA tubes:</i>		mL
Total number of serum aliquots created <i>4-5 total:</i>			Total number of plasma aliquots created <i>8-10 total:</i>		
Volume of residual serum aliquot (less than 1mL):		mL	Volume of residual plasma aliquot (less than 1mL):		mL
Residual sample barcode (last four digits):			Residual sample barcode (last four digits):		
			Number of buffy coat aliquots created:		
			Temperature of centrifuge:	°C	
Time aliquots frozen <i>must be ≤ 2 hours after draw:</i>		(24-Hr)	Time aliquots frozen <i>must be ≤ 2 hours after draw:</i>		(24-Hr)
Temperature of initial freeze (if on dry ice, write "dry ice"):		°C	Temperature of initial freeze (if on dry ice, write "dry ice"):		°C

UPS Tracking #: \_\_\_\_\_